

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address 580 Queen Park Circle					
City: Jackson	State: MS	Zip: 39209			
Site Location: Same as above		Tel: 601-960-1054			
Building Size 2,756	# of Floors: 1	Age in Years: 57			
Present Use: Vacant	Prior Use: Residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Marcus D Dear					
Address: 167 Briarwood Drive Apt 10 G					
City: Jackson	State: MS	Zip: 39206			
Contact: City of Jackson (Coretta Laird)		Tel: 601-960-1054 or 601-960-1056			
REMOVAL CONTRACTOR John Selvage					
Address: 23 Mary Land					
City: Woodville	State: MS	Zip: 39669			
Contact: John Selvage		Tel: 601-502-5613			
OTHER OPERATOR: Selvage Construction					
Address: P.O. Box 471					
City: Bolton	State: MS	Zip: 39041			
Contact: James Selvage					
V. IS ASBESTOS PRESENT? (Yes/No) Yes, Siding Exterior, Storage Room Transite Pipe					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
EPA 600/R-93/116 Method using polarized light microscopy; Inspector: Wayne Spires; Certification# ABI00007367; Certification Expiration Date: 1/25/2018; Date of Inspection: 4/13/2017					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below			
		Category I	Category II	UNIT	
Pipes	RACM To Be Removed Exterior Siding			LnFt: 2000	Ln M:
Surface Area				SqFt: 2000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/29/17 Complete: 12/1/17					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/1/17 Complete: 1/1/18					

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Remove and haul debris

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Component Removal - Wet method - Plastic bagging labeling

XII. WASTE TRANSPORTER #1

Name:

John Selvage

Address:

23 Mary Lane

City:

Woodville

State:

MS

Zip:

39669

Contact Person:

John Selvage

Tel:

601-502-5613

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

BFI Land Fill

Address:

1716 E County Line Road

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

City of Jackson (Coretta Laird)

Title:

Supervisor

Authority:

Commander Jaye Coleman

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop-Inspect-Contact - MDEQ

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

James Selvage
Type or Print Name

James Selvage
(Signature of Owner/Operator)

11/3/2017
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James Selvage
Type or Print Name

James Selvage
(Signature of Owner/Operator)

11/3/2017
(Date)